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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TIJ-28802
First Named Inventor or Application Identifier	Masashi Nogawa
Title	DOT MATRIX DISPLAY DEVICE
Express Mail Label No.	EL552916082US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages] <input type="text" value="12"/> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets] <input type="text" value="5"/> 4. <input type="checkbox"/> Oath or Declaration [Total Pages] <input type="text"/> a. <input type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as	

ACCOMPANYING APPLICATION PARTS

8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))	
9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/Patent and Trademark Office-1449	<input type="checkbox"/> Copies of IDS Citations
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12)	<input type="checkbox"/> Statement filed in prior application Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) if foreign priority is claimed	
16. <input type="checkbox"/> Other:	

*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: /
Prior application information: Examiner _____			Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below
NAME	William B. Kempler, Reg. No. 28,228 TEXAS INSTRUMENTS INCORPORATED			
ADDRESS	P.O. Box 655474 7839 Churchill Way, M/S 3999			
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number	TBD
Filing Date	October 12, 2000
First Named Inventor	Masashi Nogawa
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TIJ-28802

TOTAL AMOUNT OF PAYMENT (\$)**710.00**

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

TEXAS INSTRUMENTS INCORPORATED

- ☒ Charge any additional fee required or credit any overpayment

- ☒ Charge all indicated fees and any additional fee required or credit any overpayment

Payment Enclosed:

2. ☐

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	395	Utility filing fee	\$710.00
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	710	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

SUBTOTAL (1) (\$)**710.00**

EXTRA CLAIM FEES

Total Claims **11** - 20 = **0** X **18** = **0**

Independent Claims **1** - 3 = **0** X **80** = **0**

Multiple Dependent **0** = **0**

*or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	439	130	Non-English specification	
147	2,520	447	2,520	For filing a request for reexamination	
112	920*	412	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	413	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	438	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	422	130	Petitions to the Commissioner	
123	50	423	50	Petitions related to provisional applications	
126	240	426	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (time number of properties)	
146	710	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

0

SUBMITTED BY: Typed or Printed

William B. Kempler

Name
Signature

Complete (if applicable) Reg. Number: **28,228**

Date: **October 12, 2000**

Deposit Account User ID

PTO/SB/05 (12/97)